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PRINTED: 09/24/2007
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/10/2007
NAME OF PROVIDER OR SUPPLIER KENNEDY			STREET ADDRESS, CITY, STATE, ZIP CODE 4418 19TH ST, NE WASHINGTON, DC 20018		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
1000	<p>INITIAL COMMENTS</p> <p>A licensure survey was conducted on September 7 and September 10, 2007. Five women resided at this facility. One individual in the facility was 37 years of age; however, the other four ranged in age from 67 to 87 years old. Each individual had a diagnosis of mental retardation which varied in range from severe to mild cognitively. These women also had psychiatric diagnoses as well as numerous medical diagnoses. A random sample of three women was selected for review during this survey.</p> <p>The findings of the survey were based on observations, interviews with residents, direct care staff, and administrative staff. Records reviewed included medical, clinical, policies, personnel records, and incident reports.</p>	1000	<p>Please note: Executive Director is: Daphne Pallozzi</p> <p>Agency Name: The Lt. Joseph P. Kennedy Institute of Catholic Charities (JPKI of CC)</p>		
1042	<p>3502.2(b) MEAL SERVICE / DINING AREAS</p> <p>Modified diets shall be as follows:</p> <p>(b) Planned, prepared, and served by individuals who have received instruction from a dietitian; and...</p> <p>This Statute is not met as evidenced by: Based on interviews with the Registered Nurse and Administrator, review of medical record and training records, the facility failed to ensure that modified diets were planned, prepared, and served by individuals who have received instruction from a dietitian.</p> <p>The findings include: Two of three ladies in the sample receive modified diets. Their diets included no added salt, low cholesterol, fiber diet. The training record that</p>	1042	<p>Each staff will be trained on both modified diets and JPKI will document training record with Licensed Dietician. Each training record will be filed in a house training book. JPKI of CC will monitor trainings with quarterly reviews from Program Manager and Quality Assurance.</p>	12/30/07	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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(X4) ID PREFIX TAB	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLANNED PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
1042	Continued From page 1 was reviewed on September 10, 2007 at 11:20 AM and at 2:20 PM contained a nutritional training dated April 2008. During discussion with the RN, which occurred at 2:30 PM on September 10, 2007, it was stated that the nutritionist had been in the GHMRP within the last couple of months. The Deputy Director acknowledged that on September 7, 2007, that both she and the surveyor attempted to seek documents that evidenced staff training; however, were unable to locate such training record.	1042			
1043	3502.2(c) MEAL SERVICE / DINING AREAS Modified diets shall be as follows: (c) Reviewed at least quarterly by a dietitian. This Statute is not met as evidenced by: Based on interviews with staff and review of clinical and training records, the facility failed to ensure that modified diets were reviewed at least quarterly by a dietitian. The findings include: Two of three ladies (#1 and #2) in the sample were prescribed modified diets according to their physician's orders dated September 2007. Their diets included no added salt, low cholesterol, fiber diets. There was no evidence in the individuals' clinical records or the training records to verify that the diets or menus had been reviewed at least quarterly by a dietitian. Staff revealed on September 7, 2007, that the menus had not been changed; therefore, the individuals were not having changes to the routine menus.	1043	Both #1 and #3 will receive modified diet recommendations from a licensed Dietician. Once diets are approved by the PCP, staff will receive training on such diets and implement menus maintained and monitored by a licensed dietician quarterly. Nursing, Program Manager and Quality Assurance will monitor progress on a quarterly basis.	12/30/07	

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NAME OF PROVIDER OR SUPPLIER KENNEDY			STREET ADDRESS, CITY, STATE, ZIP CODE: 4419 19TH ST, NE WASHINGTON, DC 20018		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
1056	<p>3502.14 MEAL SERVICE / DINING AREAS</p> <p>Each GHMRP shall train staff in the storage, preparation and serving of food, the cleaning and care of equipment, and food preparation in order to maintain sanitary conditions at all times.</p> <p>This Statute is not met as evidenced by: Based on interviews with the direct support staff and review of the training records, it could not be determined that the GHMRP had ensured that staff were trained in the storage, preparation and serving of food, the cleaning and care of equipment, and food preparation in order to maintain sanitary conditions at all times.</p> <p>The finding includes:</p> <p>There was no documented or stated evidence to determine that staff preparing meals and providing sanitation had been certified in food service training and had obtained a food handlers certification. The lead counselor and an evening staff were interviewed and denied having certification although they prepared the meals on September 7, 2007.</p>	1056	<p>Staff training regarding Nutrition and Food Sanitation will be identified and documentation will be forwarded in part of IPKI of CC's Plan of Correction. Staff without training will be completed within the completed time frame. Program Manager will monitor staff trainings at the annual performance evaluation and outstanding trainings will be identified at that time. This practice will be completed with all homes.</p>	11/30/07	
1060	<p>3504.1 HOUSEKEEPING</p> <p>The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.</p> <p>This Statute is not met as evidenced by: Based on the environmental inspection conducted on September 7, 2007, the GHMRP</p>	1060			

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NAME OF PROVIDER OR SUPPLIER KENNEDY			STREET ADDRESS, CITY, STATE, ZIP CODE 4419 18TH ST, NE WASHINGTON, DC 20018		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
1090	Continued From page 3 failed to ensure that the interior and exterior of the GHMRP had been maintained in a safe, clean, orderly, attractive, and sanitary manner and free of accumulations of dirt, rubbish, and objectionable odors. The findings include: During the environmental inspection conducted on September 7, 2007 at 2:05 PM the following observations were made: I. Kitchen A. There were areas of discoloration and chipping on the counters. Staff did cover the areas with cutting boards. B. The rubber gasket in the refrigerator needed cleaning of food particles. C. Two tiles in the kitchen were loose and needed to be replaced. II. Living Room A. There were three worn and discolored high chair back sitting chairs that needed to be covered or replaced. B. They area was dusty. III. The basement area had stacks of boxes, files, etc. in the corner of the sitting area. Staff stated that the individuals did not use this area. IV. Client #1's carpet in her bedroom is soiled and spotted. V. One of Client #2's dresser drawers was broken from the frame.	1090	I-A. An estimate of the kitchen countertop will be researched. Cutting boards were purchased on 9/8/07. (See attached receipt) I-B. Rubber gasket in the refrigerator will be cleaned and maintained weekly. I-C. Work order will be submitted to replace tiles. II-A. Chairs will be cleaned and covered with a slip cover. II-B. The living room will be free from dirt and dust by dusting and wiping down all furniture. III. The boxes in the basement will be removed; papers will be filed orderly and stored in an inconspicuous location in the basement. IV. Carpet will be shampooed and steamed clean. V. A work order will be submitted to fix dresser drawers. If furniture is unable to be repaired, a purchase order will be completed for a new purchase.	11/30/07 9/9/07 11/30/07 11/30/07 11/30/07 11/30/07 11/30/07 11/30/07	

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1080	Continued From page 4 VI. Each of the three bedroom closets had clutter on the floor. VII. The dining room cushions were soiled from spillages of foods and drinks.	1080	Each closet will be neatly organized and labeled with color designating storage units. Dining room cushions will be replaced.	11/30/07 11/30/07	
1108	3504.16 HOUSEKEEPING Each GHMRP shall label inconspicuously each item of clothing as belonging to a particular resident as indicated in his or her Individual Habituation Plan (IHP). This Statute is not met as evidenced by: Based on the environmental inspection conducted on September 7, 2007, the GHMRP failed to label inconspicuously each item of clothing as belonging to a particular resident. The finding includes: 1. During the environmental inspection conducted on September 7, 2007, at approximately 2:05 PM, clients' personal items were observed. It was discovered that client #1 shared a bedroom and closet with another individual. The closet was small and clothing were stacked on the shelf and co-mingled. The Manager acknowledged that the individuals may not have been able to identify their own clothing. Several of the clothing articles were not identified by the individuals' identifiers. 2. Client #2 shared a closet with client #4. Other than by size of the clothing, it could not be determined who the owner of varied articles belonged too.	1108	 Each closet will be neatly organized and labeled with color designating storage units for each client. Clothes of each client will be labeled in an inconspicuous location on the item of clothing. Inventory lists will be maintained and reviewed quarterly by Program Manager.	 11/30/07 11/30/07	

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NAME OF PROVIDER OR SUPPLIER KENNEDY		STREET ADDRESS, CITY, STATE, ZIP CODE 4419 18TH ST. NE WASHINGTON, DC 20018		
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I 135	Continued From page 6	I 135		
I 135	<p>3505.5 FIRE SAFETY</p> <p>Each GHMRP shall conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift.</p> <p>This Statute is not met as evidenced by: Based on review of the GHMRP's fire drill log the GHMRP failed to conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift.</p> <p>The findings include:</p> <p>The fire drill log was reviewed on September 7, 2007 at 4:22 PM. It was identified that fire drills had not been conducted during identified asleep hours or during the early AM hours prior to the regular awakening hour. It could not be determined that the GHMRP had conducted simulated fire drills at least four (4) times a year for each shift.</p>	I 135	<p>Fire drills will be conducted (4) four times a year for each shift. This will be monitored by both the Program Manager and Quality Assurance quarterly during reviews.</p>	12/30/07
I 181	<p>3507.2 POLICIES AND PROCEDURES</p> <p>The manual shall be approved by the governing body of the GHMRP and shall be reviewed at least annually.</p> <p>This Statute is not met as evidenced by: The finding includes:</p> <p>The policy and procedural manual provided by the facility manager was not dated and/or signed to demonstrate that it had been reviewed.</p>	I 181	<p>Updated Policies and Procedures will be reviewed with all staff and signed.</p>	11/30/07

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(K1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0021	(K2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(K3) DATE SURVEY COMPLETED 09/10/2007
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1184	Continued From page 6	1184		
1184	3508.5(a) ADMINISTRATIVE SUPPORT Each GHMRP shall have an organization chart that shows the following: (a) All major components of the administering agency or the roles of individuals when the licensee is not an agency; This Statute is not met as evidenced by: The findings include: An organizational chart was requested of the Manager on September 7, 2007 at 10:42 AM. This surveyor was not provided a copy of the organizational chart throughout the survey. This information was also not included in the policies and procedural manual.	1184	Organizational Chart of JPKI of CC is attached and will be added to the policy and procedures manual.	10/4/07
1185	3508.5(b) ADMINISTRATIVE SUPPORT Each GHMRP shall have an organization chart that shows the following: (b) The personnel in charge of the program components; This Statute is not met as evidenced by: The findings include: An organizational chart was requested of the Manager on September 7, 2007 at 10:42 AM. This surveyor was not provided a copy of the organizational chart throughout the survey to determine persons in charge of the program components. This information was also not included in the policies and procedural manual.	1185	Organizational Chart of JPKI of CC is attached.	10/4/07

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1188	Continued From page 7	1188		
1189	3508.5(c) ADMINISTRATIVE SUPPORT Each GHMRP shall have an organization chart that shows the following: (c) The categories and numbers of supportive and direct care staff, and... This Statute is not met as evidenced by: The findings include: An organizational chart was requested of the Manager on September 7, 2007 at 10:42 AM. This surveyor was not provided a copy of the organizational chart throughout the survey to determine the categories and numbers of supportive and direct care staff. This information was also not included in the policies and procedural manual.	1188	Organizational Chart of JPKI of CC is attached.	10/4/07
1187	3508.5(d) ADMINISTRATIVE SUPPORT Each GHMRP shall have an organization chart that shows the following: (d) The lines of authority. This Statute is not met as evidenced by: The findings include: An organizational chart was requested of the Manager on September 7, 2007 at 10:42 AM. This surveyor was not provided a copy of the organizational chart throughout the survey to determine the lines of authority. This information was also not included in the policies and procedural manual.	1187	Organizational Chart of JPKJ of CC is attached.	10/4/07

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0021	(X2) MULTIPLE CONTRIBUTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2007
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I 203	Continued From page 8	I 203		
I 203	3509.3 PERSONNEL POLICIES Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter. This Statute is not met as evidenced by: The finding includes: The facility failed to provide evidence that it had ensured that all staff had been provided documented discussion regarding their employment expectations. On September 10, 2007, the facility's manager provided the surveyor with a current schedule of staffing. From the staffing listing, there were ten staff named. Four of the staff identified was said to be "on call" according to the facility's manager during interview conducted September 10, 2007, at 10:30 AM. There were no files provided for these four employees. Two of the six remaining staff failed to have current job descriptions on file. This review was done on September 10, 2007 at 11:00 AM.	I 203	Each staff member will review and sign the current job description for their position. In part of JPKI of CC's two (2) day orientation, new employees sign and review their job descriptions. Program Managers will review all personnel requirements and follow-up at the annual performance review. Job Descriptions will be maintained by Human Resources.	11/30/07
I 203	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician's certification that a health inventory has been performed and that the employee's health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: The finding includes:	I 206		

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NAME OF PROVIDER OR SUPPLIER KENNEDY		STREET ADDRESS, CITY, STATE, ZIP CODE 4419 10TH ST, NE WASHINGTON, DC 20018		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
1208	Continued From page 9 The facility failed to ensure that all staff had at least annual health certifications on file. On September 10, 2007, the facility's manager provided the surveyor with a current schedule of staffing. From the staffing listing, there were ten staff names. Four of the staff identified was said to be "on call" according to the facility's manager during interview conducted September 10, 2007, at 10:30 AM. There were no files provided for these four employees. Five of the six remaining staff failed to have current health clearances on file. This review was done on September 10, 2007 at 11:00 AM.	1208	Program Manager will develop a memo for current staff to complete their health clearances. Staff will have 30 days to complete task. This task will be monitored annual at the performance review in the future.	11/30/07
1223	3510.4 STAFF TRAINING Each training program agenda and record of staff participation shall be maintained in the GHMRP and available for review by regulatory agencies. This Statute is not met as evidenced by: The findings include: Review of clinical records reviewed on September 10, 2007 at 8:00 AM revealed that clients #1, #2, and #3 had behavioral support plans and had been prescribed psychotropic medications. The training record that was reviewed at 11:20 AM and at 2:30 PM on September 10, 2007. A document that was entitled behavioral management had a list of staff names; however, the document failed to identify a date of training, identify the trainer, and had no agenda.	1223	JPKI of CC will obtain training record from psychologist. Staff will be refreshed quarterly on each behavior management plan by consultant and refreshed as needed. This training will be held annually when the plan is updated and as needed if changes exist. Program Manager will keep a training record of such trainings in the residence for future practices.	11/30/07
1227	3510.5(d) STAFF TRAINING Each training program shall include, but not be limited to, the following:	1227		

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1227	Continued From page 10 (c) Infection control for staff and residents: This Statute is not met as evidenced by: The findings include: 1. Two of three ladies in the sample receive modified diets. Their diets included no added salt, low cholesterol, fiber diet. The training record that was reviewed on September 10, 2007 at 11:20 AM and at 2:20 PM contained a nutritional training dated April 2006. The RN stated at 2:30 PM on September 10, 2007 that the nutritionist had been in the GHMRP within the last couple of months. The Deputy Director acknowledged that on September 7, 2007, both she and the surveyor attempted to seek documents that evidenced staff training; however, were unable to locate such training record.	1227	JPKI of CC is working with Waiver services to provide nutritional reports. Once all reports are completed, nurse will obtain signature from PCP and training will be provided to staff. Training records will be kept on file within the residence for future review. This task will be monitored quarterly by Program Manager and Quality Assurance.	12/30/07	
1228	3510.5(f) STAFF TRAINING Each training program shall include, but not be limited to, the following: (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies; This Statute is not met as evidenced by: The findings include: 1. Two of three ladies in the sample receive modified diets. Their diets included no added salt, low cholesterol, fiber diet. The training record that was reviewed on September 10, 2007 at 11:20 AM and at 2:20 PM contained a nutritional training dated April 2006. The RN stated at 2:30	1228	JPKI of CC is working with Waiver services to provide nutritional reports. Once all reports are completed, nurse will obtain signature from PCP and training will be provided to staff.	12/30/07	

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NAME OF PROVIDER OR SUPPLIER KENNEDY		STREET ADDRESS, CITY, STATE, ZIP CODE 4419 16TH ST, NE WASHINGTON, DC 20018		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
122B	Continued From page 11 PM on September 10, 2007 that the nutritionist had been in the GHMRP within the last couple of months. The Deputy Director acknowledged that on September 7, 2007, both she and the surveyor attempted to seek documents that evidenced staff training; however, were unable to locate such training record. 2. Through review of the training record provided on September 10, 2007 at 11:40 AM, it could not be verified through original documentation that the staff listed on the staffing schedule had been provided training on behavioral management, sexuality, recreation, or assistive technology (hospital beds). The training documents observed were computerized listing of names and a check off system that the checked the trainings that staff was said to have attended. Actual attendance could not be verified through signature.	122B	Training records will be kept on file within the residence for future review. This task will be monitored quarterly by Program Manager and Quality Assurance. Nurse will provide assistive technology training for the hospital beds. This training will be documented and filed in a training record at the residence. Training documentation will be provided through HR for post-tests. Post tests document actual attendance, competency in material and instructor's signature. These documents are maintained in each employee's personnel file.	11/30/07 11/30/07
137B	3519.9 EMERGENCIES Each GHMRP shall have in place a procedure which describes the process for arranging funeral services and burials and for assuring the notification and involvement of significant others. This Statute is not met as evidenced by: The findings include: The GHMRP failed to describe the process for arranging funeral services and burials for those not with family members who accept the	137B	Final plans will be documented and discussed at the individuals' Individual Plan meeting.	12/30/07

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(04) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0021	(05) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(06) DATE SURVEY COMPLETED 09/10/2007
NAME OF PROVIDER OR SUPPLIER KENNEDY			STREET ADDRESS, CITY, STATE, ZIP CODE 4419 18TH ST, NE WASHINGTON, DC 20018		
(04) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(06) COMPLETE DATE	
1378	Continued From page 12. responsibility for arrangement of burials.	1378	JPKI of CC will research a company that provide final arrangement accounts and be maintained through the clients' monthly financials.	11/30/07	
1379	3518.10 EMERGENCIES In addition to the reporting requirement in 3518.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day. This Statute is not met as evidenced by: The findings include: The GHMRP failed to notify the Department of Health, Health Facilities Division of an incident involving client #2 on April 30, 2007 and a hospitalization involving client #3 on June 8, 2007. Such notification was not made by telephone and was not followed up by written notification within twenty-four (24) hours or the next work day. The most recent incident management policy provided during survey was dated August 19, 2003.	1379	See attached. Each incident will be conducted in accordance to DDS Regulations as well as JPKI of CC's incident management policy.	11/30/07	
1398	3520.2(h) PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions in	1398			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0021	(2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(3) DATE SURVEY COMPLETED 09/10/2007
NAME OF PROVIDER OR SUPPLIER KENNEDY			STREET ADDRESS, CITY, STATE, ZIP CODE 4419 18TH ST, NE WASHINGTON, DC 20018		
(4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(5) COMPLETE DATE	
1308	Continued From page 13 accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (h) Social Work; This Statute is not met as evidenced by: The finding includes: During review of contracts and professional licenses on September 10, 2007 at 1:08 PM, it was discovered that the Social Worker held a license for another state and not the city in which the GHMRP is located (District of Columbia).	1308	Quality Assurance will be meeting with Social Worker on 10/11/07 to discuss current roles. License documentation will be requested prior to that meeting. (See attached)	10/15/07	
1401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident. This Statute is not met as evidenced by: The finding includes: 1. Client #2 was administered Klonopin and Depakote on September 7, 2007 at 5:20 PM. The nurse stated that both medications were prescribed for behavioral support. Although, there were monthly documents to reflect that the client was being monitored by the psychiatrist, there was no assessment to determine the needs	1401	The psychiatric assessment is from 4/04. The Psychiatrist agreed to complete psychiatric assessment as required by 11/30/07.	11/30/07	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HPD12-0021	(X2) MULTIPLE CONTRIBUTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/10/2007
NAME OF PROVIDER OR SUPPLIER KENNEDY			STREET ADDRESS, CITY, STATE, ZIP CODE 4419 19TH ST, NE WASHINGTON, DC 20018		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
1401	Continued From page 14 of the client or the diagnosis. 2. The medical record which included the September 2007 physician orders for client #1 was reviewed on September 7, 2007 at 8:45 AM. The document revealed that the client was prescribed Abilify and Risperdal. There was no psychiatric assessment to determine the diagnosis to support the use of the psychotropic medications.	1401	The psychiatric assessment is from 4/04. The Psychiatrist agreed to complete psychiatric assessment as required by 11/30/07.	11/30/07	
1458	3521.11 HABILITATION AND TRAINING Each resident's activity schedule shall be available to direct care staff and be carried out daily. This Statute is not met as evidenced by: The finding includes: There was no evidence that client #1 had an activity schedule. On September 7, 2007 from 8:30 AM to 5:15 PM, client #1 was observed to leave the facility with staff and a housemate. Staff indicated that the other consumer was meeting a family member and client #1 went along for the ride. Client #1 ate lunch and did attempt to complete a puzzle. No further activities were observed to be offered during this period.	1458	Weekly activities schedules will be maintained in the residence to ensure that clients are engaging in meaningful activities. This will be monitored quarterly by both the Program Manager and Quality Assurance. Staff will receive additional training on how to document activities.	11/30/07	

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